

Division of Housing

Colorado Department
of Local Affairs



Neighborhood Stabilization Program

NSP1 Stakeholders/Grantees Training

DAY IN THE LIFE

Training

Monday, September 14, 2009

Presented by:

Autumn Gold

Rick Hanger

Stephanie Morey

Alison O'Kelly

Melissa Stirdivant

Justine Willman

Trang Van

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NSP COUNTDOWN

- **September 10, 2010**
 - 361 Days left to expend all funds.



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Contracts

- Main Contract is a boiler template that has been approved by the Office of the State Controller.
- Pre-Contract Costs can only be reimbursable if it is included in the budget and only after the date of the Release of Funds (ROF) letter.
- Exhibit B – Statement of Project outlines the specific of the contract activities.
- Form 1 – Affidavit of Legal Residency is to be completed by clients, not by agency staff.



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ROF (Release of Funds) Timeline

1. Award letter
 - Identifies environmental review required
2. CDBG Guidebook – download forms from DOLA Website (link to follow)
3. Request completed by certifying official
4. Submit to your Developer
5. Environmental Specialist will review
6. ROF letter sent



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Pay Request Timeline

1. Notify Asset Manager request is coming
2. Mail 3 **SIGNED ORIGINALS** with backup documentation
3. Use line items from your contract
4. Asset Manager will process
5. Check returned to Asset Manager
6. Asset Manager sends to grantee



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ROF and Pay Request Process

NSP1 ROF and PAY REQUEST PROCESSES

Note: Conduct preliminary review of environmental impact filters, complete statutory checklist, and confirm SHPO deemed NO IMPACT prior to making offer so ROF can be issued and Pay Request can be processed for check in time for closing.
Impact filters identifying property as NSP ineligible:
Noise Lead Flood Plain Historical Preservation

ROF: Release of Funds Letter

1. Award letter calls out required HUD Environmental
2. Complete Environmental Checklist: (site specific, use CDBG Guidebook!)
www.dola.state.co.us/dlg/fa/cdbg/cdbg_guidebook.html
Certifying Official signs
Grantee submits to Developer
Developer checks for accuracy / completeness
3. Developer submits environmental checklist to Tamra Hooper for review
4. Tamra Hooper completes ROF
(BACKUP: Brett Hillberry)
5. ROF letter sent
6. Asset Manager sends pay request instructions to grantee
Grantee can now request funds!

Pay Request

1. Grantee notifies Asset Manager pay request is coming
2. Grantee Submits Pay Request(s) and Backup Docs:
•3 originals with signatures from signatory authority
•Use exact line items from contract
3. Asset Manager processes through accounting
4. Check returned to Asset Manager
5. Asset Manager sends check to grantee

Note: DOH can't wire funds! Grantees must confirm title company will accept warrants delivered in their name closing day.



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Environmental Filters

- Conduct preliminary review of filters prior to making offer to establish viability within NSP timelines.
 - Impact filters for NSP ineligibility:
 - Noise
 - Lead
 - Flood Plain
 - Historical Preservation

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HUD Environmental Checklist

■ CDBG Environmental Guidebook:

www.dola.state.co.us/dlg/fa/cdbg/cdbg_guidebook.html

- Download forms: available in PDF format, as well as MS Word.

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Environmental TA Guidance

STATE OF COLORADO

DIVISION OF HOUSING

Department of Local Affairs

Teresa Dunn, Interim Director



Bill Ritter, Jr.
Governor

Sam E. Kirkpatrick
Executive Director

ENVIRONMENTAL RELEASE OF FUNDS USING NEIGHBORHOOD STABILIZATION PROGRAM (NSP) FUNDS

Introduction

A Grantee may not incur program costs for a grant until there is a mutually executed contract *and* the Department of Local Affairs (DOLA) has issued an Environmental Release of Funds (ROF) letter. HUD regulations contained at 24 CFR Part 58, Section 58.22, prohibit a recipient and any participant in the development process, including public or private nonprofit or for-profit entities, or any of their contractors, from committing HUD assistance until DOLA has approved the recipient's request for release of funds (RROF) and related certification from the Grantee.

Grantees must discuss **pre-award** expenses with their Developer before conducting appropriate activity. The following are eligible pre-award expenses and may be obligated prior to an executed contract and reimbursed only **after** the appropriate ROF has been obtained:

Type of Activity	ROF Classification	Type of ROF process required	DOLA form(s)	Publication required
Architectural, Engineering and/or Environmental Studies	Exempt	Grantee discuss with Developer	Exhibit IV-A Finding of Exemption http://dola.colorado.gov/dla/files/docs/guidebook/PF03ENVEX-A.pdf	No publication required
Earnest Option Money, Appraisal Costs	Categorically Excluded Not Subject to 24 CFR 58.5	Grantee discuss with Developer	Exhibit IV-B Categorically Excluded Projects, Statutory Checklist http://dola.colorado.gov/dla/files/docs/guidebook/PF03ENVEX-B.pdf ; and Exhibit IV-C Instruction and Information on Completion of the Statutory Checklist http://dola.colorado.gov/dla/files/docs/guidebook/PF03ENVEX-C.pdf	No publication required



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Eligible Costs

■ Single Family/Acquisition/Rehab/Resale

Activity B: Purchase and Rehabilitate

- ☐ Acquisition
- ☐ Construction/Rehabilitation
- ☐ Relocation
- ☐ Demolition
- ☐ Direct homeownership assistance
- ☐ Costs relating to resale (Realtor, closing costs, title work)
- ☐ Homeownership Counseling



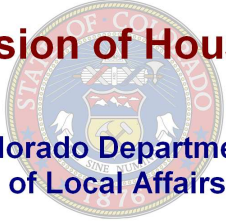
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Eligible Costs

■ Multi-Family Rental Housing

Activity B: Purchase Rehab

- ☐ Acquisition
- ☐ Construction/Rehabilitation
- ☐ Relocation
- ☐ Demolition
- ☐ Funding of operating and reserve for replacement accounts



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Eligible Costs

■ Land Bank

Activity C: Land Bank

- ☐ Land acquisition
- ☐ Closing costs
- ☐ Disposition (includes maintenance)



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Eligible Costs

■ Pre-Contract Costs

**CANNOT BE REIMBURSED FOR COSTS INCURRED PRIOR TO THE
RELEASE OF FUNDS LETTER**

**To be reimbursed for Pre-contract costs, they must be identified in
your Award Letter and Contract**

- ☐ **Costs incurred in completing 'due diligence' for a proposed project**
 - Appraisal**
 - Survey**
 - Market analysis**
 - Scope of work**
 - Architectural plans**
 - Engineers report**
 - Earnest Deposit**



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Eligible Costs

■ Project Delivery Costs

Costs directly related to developing the real estate project

- ☐ **Staff salaries**
- ☐ **Consultant salaries**
- ☐ **Costs associated with project budget**
- ☐ **Costs associated with development of scope of work**
- ☐ **Misc.**



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Eligible Costs

■ NSP Administration

Costs directly related to implementing NSP program

- ☐ **Staff costs relating to monthly/quarterly NSP Narrative reporting***
- ☐ **Staff costs relating to monthly/quarterly NSP Financial reporting***
- ☐ **Costs to monitor NSP requirements throughout the term of the NSP contract**
- ☐ **Federal Compliance: Davis Bacon, Uniform Relocation, Section 3**
- ☐ **Oversight**

***documented with a Time and Activity Report**

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Documentation

- **Time and Activity Cards for reimbursement of staff costs**
- **Invoices for hard costs and consultant costs**
- **Submitted on CDOH Pay Request form**



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Project Cost Reimbursement

Construction/Rehab:

- **Invoices from all sub-contractors and materials provided**
- **Lien waivers from all sub-contractors and materials**
- **CDOH will hold a 10% retainage from each construction/rehab draw to insure that lien waivers are received**
- **CDOH will perform an on-site inspection of all construction/rehab projects**
- **Retainage will be released upon completion of the construction/rehab and receipt of all lien waivers**

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Time and Activity Card

NSP Administrative Activity Report

NSP Contract Number: _____ Grantee: _____
Period: _____ Address: _____

Administrative Activity	1st week	2nd week	3rd week	4th week	Monthly Total
Staff Costs relating to NSP Narrative Reporting					\$ -
Staff Costs relating to NSP Financial Reporting					\$ -
Costs to monitor NSP requirements					\$ -
Federal Compliance					\$ -
Davis Bacon					\$ -
Uniform Relocation					\$ -
Section 3					\$ -
Oversight					\$ -
Misc					\$ -
					\$ -
					\$ -
					\$ -
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -

Certification: I certify to the best of my knowledge and belief the data above is correct and all expenditures were made in accordance with the grant agreements.

SIGNATURE OF AUTHORIZED OFFICIAL: _____

NAME AND TITLE: _____
(Print or type)

TELEPHONE NUMBER OF PERSON COMPLETING REPORT: _____ DATE REPORT SUBMITTED: _____



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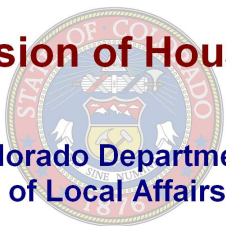
Developer Fee

Single-Family

- **Paid proportionally based on the number of units outlined in the contract**
- **Paid when the property has been transferred to an eligible household**
- **If unit becomes rental, paid when property is rented to an eligible household**
- **Grantee must provide documentation demonstrating appropriate sales price to household**

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Single Family Closing Checklist

NSP Single Family Acquisition

CDOH Contract No.:	_____
Grantee:	_____
Property Address:	_____
County:	_____

ACQUISITION
Date of Closing: _____
Acquisition Price: _____
Date of Appraisal: _____
Appraisal Value: _____
% of Purchase Discount: _____
Estimated Rehab Costs: _____
Other Lender Participation: _____
Does Relocation Apply: _____
Property is in area of greatest need. Census Tract _____ HUD Risk Score _____
URA Notice to Seller: Yes ___ No ___ Date _____
Good Faith Closing Estimate: _____

DISPOSITION:
Date of Closing: _____
Sales Price: _____
Acquisition Price: _____
Rehab Costs: _____
Transaction Costs: _____
After Rehab Appraisal: _____
Permanent Lender: _____
Loan Amount: _____
Interest Rate: _____
Term: _____
Monthly Payment: _____
PITI: _____
Household's Name: _____
Annual Income: _____
Household Size: _____
Target AMI Level: _____
NSP Funds remaining in Project: Yes ___ No ___ If yes, Amount \$ _____ Secured by a Lien Yes ___ No ___
Program Income: Yes ___ No ___ If Yes, Amount \$ _____
Program Income Recvd: Yes ___ No ___ Program Income Report: Yes ___ No ___



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Developer Fee

■ Multi-Family Developer Fee

- ☐ **25% released at the time of purchase of the property**
- ☐ **25% released at the time of completion of the rehabilitation**
- ☐ **25% released when the property has reached a sustained occupancy of 93% for three consecutive months**
- ☐ **25% released upon submission and approval of all CDOH reports and official close-out form**

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Multi-Family Closing Checklist

Dear NSP Grantee:

We are anticipating that your NSP contract for _____ Apartments will be executed very shortly. The next step will be for you to submit the pay request. Since this is for a closing there are specific steps required that we should cover.

1. Has a closing date been established? Notify us immediately upon determination of closing date.

What is the date of your Release of Funds: _____
The release of funds letter must be issued prior to any funds being encumbered.

What is the date of the execution of your contract? _____
The contract must be executed prior to any closing taking place.

2. We will need all the Title Company information:
Name of firm, contact person and phone number, complete address and

Most specifically if they are prepared to accept the check (warrant) from the State which would be third party if you turn it over to them at the closing or if the check will go to you first for deposit and then you take separate funds to the closing?

3. There may be three possible separate pay requests needed:

One for the acquisition of the property located at: _____.

Two eligible up-front costs "pre-contract" detailed in your contract budget such as, appraisals, inspections, environmental: _____.

Three a percentage of the Developer's Fee.

4. We will need a copy of the Good Faith Estimate showing the CDOH funds as well as the documentation showing that the purchase price is discounted at least 1% from appraised value

5. When you prepare the pay request you must have three original signed copies with one set of backup documents attached (in addition to the good faith estimate, invoices for the appraisal, inspections, environmental).

6. If you have any questions please contact your Asset Manager _____ immediately.

The seal of the State of Colorado Department of Local Affairs is visible in the background. It features a circular design with the words "STATE OF COLORADO" at the top and "DEPARTMENT OF LOCAL AFFAIRS" at the bottom. In the center is a shield with a mountain, a river, and a sun, flanked by two sheaves of wheat. Below the shield is a banner with the motto "AGRICULTURE".

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Payment Request

REQUEST FOR REIMBURSEMENT NSP PROGRAM Revised 09/03/09		
1. MAIL 3 COPIES (ORIGINAL SIGNATURES) TO: ____ Asset Manager COLORADO DIVISION OF HOUSING 1313 Sherman Street, Room 518 Denver, CO 80203	2. TYPE OF PAYMENT ____ Advance ____ Reimbursement ____ Final	3. RECIPIENT ORGANIZATION (Name, Address & Telephone Number)
4. PERIOD COVERED BY THIS REQUEST FROM: _____ TO: _____	5. PAYMENT REQUEST # _____	6. CONTRACT ENCUMBRANCE NUMBER: _____
7. PURPOSE FOR FUNDS REQUESTED. List by Activity, Budget Category and Amount.		
8. COMPUTATION OF AMOUNT OF REIMBURSEMENT REQUESTED		
a. TOTAL NSP EXPENDITURES	\$ _____	
b. TOTAL NSP PAYMENTS PREVIOUSLY REQUESTED	\$ _____	
c. NSP PAYMENT NOW REQUESTED (Line 8a Minus Line 8b)	\$ _____	
9. CERTIFICATION: I certify to the best of my knowledge and belief the data above is correct and that all expenditures were made in accordance with the grant requirements.		
SIGNATURE OF AUTHORIZED OFFICIAL _____		
NAME AND TITLE (Type or Print) _____		
DATE SUBMITTED: _____ Name & Telephone Number of Person Completing Report if Different _____		



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Payment Request

Submit **three original executed pay requests to your Asset Manager**

- **Only the signatory authority can sign pay request**
- **Fill in period covered date from - to**
- **Submit one copy of required backup documentation**
 - ☐ **Copies of invoices, bills, check, etc. to prove payment was made**
- **Ask Asset Manager questions about backup documentation**



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Payment Request

- **CDOH cannot reimburse for costs incurred prior the contract execution**
- **Use only exact line items in contract budget**
- **Disbursement of funds must have ROF**



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Monthly Reports

- Due the 10th day of each month for the month prior.
- Documents will be E-mailed, are fill-able, and include:
 - ☐ Project Performance Plan
 - Any documents specified in PPP, including beneficiary sheet
 - ☐ Financial Statement
- DOH staff enters monthly in HUD's DRGR (Disaster Recovery Grant Reporting System)
- Bring questions/reports to monthly stakeholder meetings or your Asset manager for assistance



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Financial Statement

- Use electronic form, Emailed by Asset Manager and fill-able.
- Complete MONTHLY, 10th day of month following reporting period.
- Deliver form monthly to Asset Manager.
 - ☐ Original with signature of certifying official MUST be received by Asset Manager each month.
- Call Asset Manager with questions!

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Financial Statement

1. MAIL ONE -- ORIGINAL SIGNATURE TO: COLORADO DIVISION OF HOUSING Attn: Asset Manager 1313 Sherman Street, Room 518 Denver, CO 80203		MONTHLY FINANCIAL STATUS REPORT NSP HOUSING PROJECTS AN ORIGINAL SIGNATURE IS REQUIRED FOR ALL REPORTS		2. GRANTEE: (Agency, Contact Name, and Address)			
3. CONTRACT ENCUMBRANCE NUMBER:		4. FINAL REPORT: check one: if () YES Send 2 Copies () NO PROGRAM INCOME REPORT ONLY () Send 1 copy					
5. PROJECT GRANT PERIOD: FROM (MM/DD/YY) TO (MM/DD/YY)				6. MONTH END DATE: (MM/DD/YY)			
7. CONTRACT BUDGET ITEMS: Label columns with budget category (i.e. Acquisition)	1.	2.	3.	3.	4.	5. TOTAL	6) Other Funds
A. Net expenditures previously reported	\$	\$	\$	\$	\$	\$	\$
B. Expenditures this month							
C. Net expenditures to date (line a +b)							
D. Unliquidated obligations							
E. Expenditures/Unliquidated Obligations (line c +d)							
F. NSP funds on Contract (per budget)							
G. Un-obligated balance of NSP funds (line f -e)							
TOTAL NSP FUNDS REQUESTED TO DATE	\$	\$	\$	\$	\$	\$	
8. PROGRAM INCOME							TOTAL
Program Income at beginning of month							\$
Amount received during month							
Amount expended during month	\$	\$	\$	\$	\$		
Program Income remaining at end of month							\$
9. CERTIFICATION: I certify to the best of my knowledge and belief the data above is correct and all expenditures were made in accordance with the grant agreements.					Name & Telephone Number of Person Completing Report if Different: _____		
SIGNATURE OF AUTHORIZED OFFICIAL: _____ (Original Signature required on each copy)							
NAME AND TITLE (Print or type): _____					DATE REPORT SUBMITTED: _____		



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Project Performance Plan (PPP)

- **CDOH, CDBG and NSP Requirements**
- **Each contract PPP will contain information specific to the type of activity for Single Family, Multifamily etc.**
- **Report are due the 10th day following each month. 1/10, 2/10, 3/10...**
- **Use electronic PPP and fill in right column for reporting**
- **Read, Understand and Call!**

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PPP: Multi-Family

Form 1 - PROJECT PERFORMANCE PLAN - RENTAL DEVELOPMENT			
Monthly Reports: Jan. ___ Feb. ___ March ___ April ___ May ___ June ___ July ___ Aug. ___ Sept. ___ Oct. ___ Nov. ___ Dec. ___ Year ___			
Contract #H8NSP08-0XX	Name of Agency and Name of Project –		Monitoring Level – Frequent
Location of Property: Beginning Date: Ending Date:			Explanation of Reasoning:
National Objective (AMI): # ___ LMMI units (120% AMI) # ___ LH25 (50% of AMI)			
NSP Eligible Uses (choose all that apply): (A) ___ Establish financing mechanisms for purchase and redevelopment of foreclosed upon homes and residential properties, including such mechanisms as soft-second, loan loss reserve, and shared-equity loans for low- and moderate-income homebuyers. (B) ___ Purchase and rehabilitate homes and residential properties that have been abandoned or foreclosed upon, in order to sell, rent, or redevelop such homes and properties. (C) ___ Establish land banks for homes that have been foreclosed upon (D) ___ Demolish blighted structures (E) ___ Redevelop demolished or vacant properties (F) ___ Administration			
DOH Staff: _____ -Developer (303) 866- _____ -Asset Manager(303) 866- _____			
The PPP to be customized according to project detail - milestones will vary			
MILESTONES – Grantee shall...	CAPACITY	STATE ROLE- CDOH shall...	PROGRESS - reported quarterly (include date and description)

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PPP: Single Family

Form 1 - PROJECT PERFORMANCE PLAN - NSP HOMEOWNERSHIP			
Monthly Reports: Jan. ___ Feb. ___ March ___ April ___ May ___ June ___ July ___ Aug. ___ Sept. ___ Oct. ___ Nov. ___ Dec. ___ Year ___			
Contract #H8NSP08-0XX	Name of Agency and Name of Project –		Monitoring Level – Frequent
Location of Property(s): Beginning Date: Ending Date:			Explanation of Reasoning:
National Objective (AMI): #___ LMMI units (120% AMI) #___ LH25 (50% of AMI)			
NSP Eligible Uses (choose all that apply): (A) ___ Establish financing mechanisms for purchase and redevelopment of foreclosed upon homes and residential properties, including such mechanisms as soft-second, loan loss reserve, and shared-equity loans for low- and moderate-income homebuyers. (B) ___ Purchase and rehabilitate homes and residential properties that have been abandoned or foreclosed upon, in order to sell, rent, or redevelop such homes and properties. (C) ___ Establish land banks for homes that have been foreclosed upon (D) ___ Demolish blighted structures (E) ___ Redevelop demolished or vacant properties (F) ___ Administration			
DOH Staff: ___-Developer (303) 866-___-Asset Manager(303) 866-___			
The PPP to be customized according to project detail - milestones will vary			
MILESTONES – Grantee shall...	CAPACITY	STATE ROLE- CDOH shall...	PROGRESS - reported quarterly (include date and description)

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PPP: Land Banking

Form 1 - PROJECT PERFORMANCE PLAN - NSP ACQUISITION/LANDBANKING			
Monthly Reports: Jan. ___ Feb. ___ March ___ April ___ May ___ June ___ July ___ Aug. ___ Sept. ___ Oct. ___ Nov. ___ Dec. ___ Year ___			
Contract #H8NSP08-0XX	Name of Agency and Name of Project -		Monitoring Level - Frequent
Location of Property(s): Beginning Date: Ending Date:			Explanation of Reasoning:
National Objective (AMI): # ___ LMMI units (120% AMI) # ___ LH25 (50% of AMI)			
NSP Eligible Uses (choose all that apply): (A) ___ Establish financing mechanisms for purchase and redevelopment of foreclosed upon homes and residential properties, including such mechanisms as soft-second, loan loss reserve, and shared-equity loans for low- and moderate-income homebuyers. (B) ___ Purchase and rehabilitate homes and residential properties that have been abandoned or foreclosed upon, in order to sell, rent, or redevelop such homes and properties. (C) ___ Establish land banks for homes that have been foreclosed upon (D) ___ Demolish blighted structures (E) ___ Redevelop demolished or vacant properties (F) ___ Administration			
DOH Staff: -Developer (303) 866- -Asset Manager(303) 866-			
The PPP to be customized according to project detail - milestones will vary			
MILESTONES - Grantee shall...	CAPACITY	STATE ROLE- DOH shall...	PROGRESS - reported quarterly (include date and description)



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Income Determination

- **Income Eligibility:**
- **There must be determination of household income for all members.**
- **3rd party verification of all sources of income and assets**
 - **If 3rd party verification can not be obtained, document the attempt and resort to 2nd party verification (4-6 consecutive and concurrent pay stubs)**
- **Immigration Status**
- **State law went into effect August 1, 2006**
- **Valid CO photo ID and other acceptable forms of ID**
- **Collection of social security card is required for all household members 6 years and older**

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NSP Monitoring

Draft – September 14, 2009

Colorado Department of Local Affairs, Division of Housing
Neighborhood Stabilization Program

GRANTEE/PROJECT NAME: _____ GRANTEE/PROJECT NUMBER: _____

Chief Elected Official: _____ Phone: _____

Address: _____ Fax: _____

Primary Contact: _____ Phone: _____

Address: _____ Fax: _____

The following documents are in the Contract File:

	Yes	No	Comments
A. State of Assurances – Attachment A	<input type="checkbox"/>	<input type="checkbox"/>	
B. Disclosure Report – Attachment B	<input type="checkbox"/>	<input type="checkbox"/>	
C. URA/Relocation Plan – Attachment C *	<input type="checkbox"/>	<input type="checkbox"/>	
(Need fully executed document)			
D. Davis-Bacon Exception Checklist – Attachment D	<input type="checkbox"/>	<input type="checkbox"/>	
E. Acquisition of Land or Building (Letter to Owner – Attachment E *)	<input type="checkbox"/>	<input type="checkbox"/>	
(Need fully executed document)			
F. Subrecipient Agreement – Attachment F	<input type="checkbox"/>	<input type="checkbox"/>	
G. Insurance Requirements – Attachment G	<input type="checkbox"/>	<input type="checkbox"/>	
H. Immigration Policy – Attachment H	<input type="checkbox"/>	<input type="checkbox"/>	
I. W-9, Tax Payer Identification Number – Attachment I	<input type="checkbox"/>	<input type="checkbox"/>	
J. Intergovernmental Agreement – Attachment J (w/ all exhibits)	<input type="checkbox"/>	<input type="checkbox"/>	
K. Project Budget – Attachment K	<input type="checkbox"/>	<input type="checkbox"/>	
Additional documents from application			
1. IRS Determination Letter (Non-profit applicants only)	<input type="checkbox"/>	<input type="checkbox"/>	N/A <input type="checkbox"/>
2. Letters of Funding Commitment from All Sources	<input type="checkbox"/>	<input type="checkbox"/>	
3. Letters of Local Government Commitment	<input type="checkbox"/>	<input type="checkbox"/>	
4. Environment Studies	<input type="checkbox"/>	<input type="checkbox"/>	
5. Floodplain Map *	<input type="checkbox"/>	<input type="checkbox"/>	
6. Board Resolution Authorizing Application	<input type="checkbox"/>	<input type="checkbox"/>	
7. Most Recent Audit	<input type="checkbox"/>	<input type="checkbox"/>	
8. Project Agreements; Sub grantees; Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	
9. Staff Allocation	<input type="checkbox"/>	<input type="checkbox"/>	
10. Citizen Participation Plan	<input type="checkbox"/>	<input type="checkbox"/>	
11. Community Development Plan	<input type="checkbox"/>	<input type="checkbox"/>	
12. Affirmative Fair Housing Marketing Plan	<input type="checkbox"/>	<input type="checkbox"/>	
13. Excessive Force Policy	<input type="checkbox"/>	<input type="checkbox"/>	
14. Lead-based Paint Certification	<input type="checkbox"/>	<input type="checkbox"/>	
M. Application	<input type="checkbox"/>	<input type="checkbox"/>	
N. Consolidated Plan Consistency Letter	<input type="checkbox"/>	<input type="checkbox"/>	
O. Application Received Letter	<input type="checkbox"/>	<input type="checkbox"/>	
P. Underwriting Checklist	<input type="checkbox"/>	<input type="checkbox"/>	
Q. Public Hearing Announcement and Certification	<input type="checkbox"/>	<input type="checkbox"/>	
R. PRO/CCN w/ Board Recommendations	<input type="checkbox"/>	<input type="checkbox"/>	
S. Award Letter	<input type="checkbox"/>	<input type="checkbox"/>	
T. Release of Funds *	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
U. Press Release	<input type="checkbox"/>	<input type="checkbox"/>	
V. SIVRO Letter *	<input type="checkbox"/>	<input type="checkbox"/>	
W. Handoff Form	<input type="checkbox"/>	<input type="checkbox"/>	
X. Certificate of Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Y. Acquisition and Relocation Compliance *	<input type="checkbox"/>	<input type="checkbox"/>	
Z. Section 3	<input type="checkbox"/>	<input type="checkbox"/>	N/A <input type="checkbox"/>
AA. Purchase Contract/ Site Option *	<input type="checkbox"/>	<input type="checkbox"/>	
BB. Evidence of Appraisal *	<input type="checkbox"/>	<input type="checkbox"/>	
CC. Legal Description *	<input type="checkbox"/>	<input type="checkbox"/>	
DD. Suspension and Debarment Clearance	<input type="checkbox"/>	<input type="checkbox"/>	

All items listed above must be in file when given to Asset Manager for Multifamily Projects.
* Will have multiple items for Single Family Projects.

File Review Complete: _____



Neighborhood Stabilization Program NSP1 Stakeholders/Grantees Training

Questions & Answers

- Please share your questions from today's training.
 - Staff will research and send out answers to all grantees via NSP E-mail distribution list.